

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

November 8, 2016

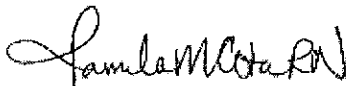
Ms. Catherine Rooney, Manager
Owen House, Ltd
3 Union Street
Fair Haven, VT 05743-1028

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on September 27, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OWEN HOUSE, LTD

3 UNION STREET
 FAIR HAVEN, VT 05743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 09/27/16. There were Residential Care Home regulatory findings regarding this investigation.	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, 1 of 3 applicable residents in the sample did not have evidence of care provision to meet medical needs regarding eye care. Findings include: 1. Per record review, a referral for an eye appointment was needed for Resident #1. There was no evidence that the appointment was provided or arranged, as requested by the primary physician, during an office visit in March 2016. Per telephone interview on 09/27/16 at 1:36 PM the RCH's nurse was not aware of the request for an eye appointment for this resident. The nurse confirmed that the facility should have followed up to ensure that an eye appointment was scheduled.	R126	5.5a 1. I should have let the dr know that we had received no call for his referral so he could send request again for appt. this will be addressed on her 10/25 appt with dr.	

Division of Licensing and Protection
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

3C9J11

If continuation sheet 1 of 3

R126-R129 PDC accepted 11/3/16 SEMMONSEN/PML

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/27/2016
NAME OF PROVIDER OR SUPPLIER OWEN HOUSE, LTD			STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET FAIR HAVEN, VT 05743		
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R129	Continued From page 1	R129			
R129 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 General Care</p> <p>5.5.d A home certified to provide assistive community care services (ACCS) shall designate a staff person responsible for case management, who shall provide at least the following case management services: maintenance and implementation of a current assessment and plan of care, and coordination of available community services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the RCH failed to designate a person responsible for case management for two of three applicable residents. (Resident #1 & #2) Findings include:</p> <p>1. Per record review on 09/27/16, Resident #1 was identified as an ACCS (assistive community care services) recipient. ACCS is a program for the cost of bundled services which includes case management (C.M.) for the coordination of available community services. The ACCS Admission Agreement signed on 03/08/16 by the resident explains the monthly rate, the care and services that are included as well as "case management to assist residents in gaining access to needed medical social and other services, in addition the to the coordination of activities required to link client/family to services specified in the [resident's] care plan & consultations to providers and support persons". Per interview at 2:20 PM the Administrator stated that Resident #1 "doesn't have one (C.M.) that I know of....I am not aware and that would be up to</p>	R129			

1. All residents records will specify case management or person who is responsible for making + transportation to medical appts or other needed services

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R129	Continued From page 2 [the resident and family]". The admission agreement was as well as the regulation was explained to the Administrator regarding case management, and the s/he confirmed there was no Case Management. 2. Records demonstrate Resident #2 was admitted on 03/03/15 under the ACCS agreement. The Administrator stated the resident had an Outreach person..."but I think (s/he) just got another". The Outreach person was identified as working for Rutland Mental Health but the Administrator acknowledged uncertainty if this person was a case manager and/or providing case management services. The Administrator confirmed the lack of case management as evident by lack of plan of care and coordination of available community services.	R129	2. the outreach worker is not the case manager & are different people each time. The case manager is the one I did not know I will be sure that the new name is on her sheet as well as any other residents	